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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: US COASTAL ST	UCCO INC	
DOCUMENT NUME	BER: P11000051187		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	RENE SANTIESTEBAN		
		Name of Contact Pers	son
	US COASTAL STUCCO INC		
		Firm/ Company	<del></del>
	4716 LILLIAN HWY		
		Address	
	PENSACOLA, FL 32506		
	San +16 a 39 E E-mail address: (to be us	City/ State and Zip Considerate Considerat	9m
For further information	n concerning this matter, pleas	se call:	
RENE SANTIESTEB	AN	850 at (	7232745
Name of Contact Person		Area	Code & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida De	epartment of State:
■ \$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ame Divi Clift	et Address Indiment Section Ission of Corporations Indiment Section Indicate the security of t

Tallahassee, FL 32301

## **Articles of Amendment**

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Articles of Incorporation of

15 MAY 13 PM 2: 29

US COASTAL STUCCO INC	OI.	Silling All West April	
(Name of Corporati	ion as currently filed with	the Florida Dept. of State)	
P11000051187		,15%	
(Docur	ment Number of Corporation	n (if known)	
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	a Statutes, this Florida Pro	fit Corporation adopts the follo	wing amendment(s) to
A. If amending name, enter the new name of the co	orporation:		
			The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	o," "Inc," or "Co". A pre	ny," or "incorporated" or th ofessional corporation name m	e abbreviation ust contain the
B. <u>Enter new principal office address, if applicable</u> (Principal office address <u>MUST BE A STREET ADD</u>			<u></u>
_			
			·
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
			· .
D. If amending the registered agent and/or registe	red office address in Flori	da, enter the name of the	٠.
new registered agent and/or the new registered			
Name of New Registered Agent			
			·
	(Florida street address)		
New Registered Office Address:	(Civ.)	, Florida	Zin Cada)
	(City)	r.	Zip Code)
New Registered Agent's Signature, if changing Res	gistered Agent:		
I hereby accept the appointment as registered agent.	I am familiar with and acc	ept the obligations of the position	0 <b>n</b> .

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk: CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be <math>PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	SANTIESTEBAN, OZMAN E	4505 ST. NAZAIRE RD
X Add			PENSACOLA, FL 32505
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add	<del></del>		
			<u> </u>
Remove			
6) Change	<u></u>		
Add			
Remove			

Attach additional sheets, if necessary).	cles, enter change(s) he (Be specific)			
· · · · · · · · · · · · · · · · · · ·				
·				
	·			
				<del></del>
f an amendment provides for an exch	iange, reclassification, o	or cancellation of issue	d shares,	
provisions for implementing the ame	ndment if not contained	in the amendment its	elf:	
(if not applicable indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				

The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effect ve date if applicable:	(no more than 90 days after amendment file date)
	not meet the applicable statutory filing requirements, this date will not be listed as the
document's effective date on the Department	
Adopt on of Amendment(s)	HECK ONE)
The amendment(s) was/were adopted by the shareholders was/were sufficient fe	e shareholders. The number of votes cast for the amendment(s) approval.
	be sharcholders through voting groups. The following statement y group entitled to vote separately on the amendment(s):
"The number of voice cast for the an	endment(s) was/were sufficient for approval
by	ting group)
6	iting group)
☐ The amendment(s) was/were adopted by the action was not required.	e board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and shareholder
Dated 05/13/2015	<del></del>
Signature	Milli-
(By a director, pi	sident or other officer - if directors or officers have not been
	opporator – if in the hands of a receiver, trustee, or other court by by that fiduciary)
Rene Sai	n ièsteban
·	(Typed or printed name of person signing)
<b>P</b>	
	(Title of person signing)